	A	B
1	**COUNTRY CHAPTER:**	
2	# ONE HEALTH TRAINING CATEGORY	# TRAINING TITLE
3		
4	**REGULAR COURSES**	
5	*Illustrative Example*	*One Health: Human, Animal & Environment Interfaces*
6	*Illustrative Example*	*Global Health Ethics*
7	**1**	
8	**2**	
9	**3**	
10	**4**	
11	**5**	

	C	D
1	**COUNTRY MANAGER:**	
2	**COMPETENCY-BASED CATEGORY**	**NAME OF FACULTY INSTRUCTOR OR SPONSOR**
3		
4		
5	*Systems Thinking*	*Professor Woutrina Smith*
6	*Values and Ethics*	*Professor Dele Ogunseitan*
7		
8		
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11		

	E	F	G
1			
2	**TRAINING CODE/NUMBER IN CATALOGUE**	**QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)**	**NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)**
3			
4			
5	*PMI 129Y*	*Quarter*	*3*
6	*PubHlth-174*	*Quarter*	*4*
7			
8			
9			
10			
11			

	H	I	J
1			
2	**METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)**	**NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR**	**EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES**
3			
4			
5	*Fully Online*	*3 hours per week for 10 weeks*	*1*
6	*Fully Online*	*3 hours per week for 10 weeks*	*1*
7			
8			
9			
10			
11			

	K	L	M
1			
2	**TARGET AUDIENCE**	**PRE-REQUISITES**	**CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)**
3			
4			
5	*Undergraduate Students*	*Lower Division*	*Introductory*
6	*Undergraduate Students*	*None*	*Introductory*
7			
8			
9			
10			
11			

	ENROLLMENT SIZE	FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)	CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE
3			
4			
5	100 students	1	Yes
6	150 students per quarter	2 times per academic year	Yes
7			
8			
9			
10			
11			

	Q	R
1		
2	**METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES**	**TRAINEE PASS RATE (%)**
3		
4		
5	*Examination and Tests*	*No information*
6	*Four assignments weekly assignments*	*80%*
7		
8		
9		
10		
11		

	S	T
1		
2	**METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**
3		
4		
5	*Standardized survey at end of academic quarter*	*Standardized Survey at End of Quarter*
6	*Standardized survey at end of academic quarter*	*Standardized Survey at End of Quarter*
7		
8		
9		
10		
11		

	U	V
1		
2	**ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONN AIRE**	**EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS**
3		
4		
5	*No information*	*YES - University of California Innovative Learning and Technology Initiative*
6	*No*	*YES - University of California Innovative Learning and Technology Initiative*
7		
8		
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10		
11		

	W	X
1		
2	**IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION**	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**
3		
4		
5	*Yes (https://cpe.ucdavis.edu)*	*No information*
6	*Yes (https://ce.uci.edu)*	*No*
7		
8		
9		
10		
11		

	Y	Z
1		
2	**IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS**	**COMMENTS (OPTIONAL)**
3		
4		
5	*Yes (https://ucdavis.pubs.curricunet.com/Catalog/veterinary-medicine?dpnId=4609&searchTerm=one%20health)*	
6	*Yes (http://catalogue.uci.edu/programinpublichealth/)*	
7		
8		
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10		
11		

	A	B
12	**6**	

	A	B
1	**COUNTRY CHAPTER:**	
2	# ONE HEALTH TRAINING CATEGORY	# TRAINING TITLE
3	**TUTORIALS**	
4	*Illustrative Example*	*One Health : An Introduction*
5	*Illustrative Example*	*One Health: Animals, Humans and the Environment*
6	**1**	
7	**2**	
8	**3**	
9	**4**	
10	**5**	
11	**6**	

	C	D
1	**COUNTRY MANAGER:**	
2	**COMPETENCY-BASED CATEGORY**	**NAME OF FACULTY INSTRUCTOR OR SPONSOR**
3		
4	*Systems Thinking*	*Professor Dirk Pfeiffer; Dr. Christine Thurania-McKeever*
5	*Systems Thinking*	*Dr. Peter Rabinowitz*
6		
7		
8		
9		
10		
11		

TRAINING CODE/NUMBER IN CATALOGUE	QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)	NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)
University of London	Not Applicable	Not Applicable
Mini Medical School, University of Washington	Not Applicable	Not Applicable

METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)	NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR	EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES
Youtube Video	*10 minutes*	*0*
Youtube Video	*1 hour*	*0*

	K	L	M
1			
2	**TARGET AUDIENCE**	**PRE-REQUISITES**	**CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)**
3			
4	*General*	*None*	*Introductory*
5	*General*	*None*	*Introductory*
6			
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11			

ENROLLMENT SIZE	FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)	CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE
Not Applicable	*Permanently Posted*	*Not Applicable*
Not Applicable	*Permanently Posted*	*Not Applicable*

Q	R
METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES	**TRAINEE PASS RATE (%)**
Not Applicable	*Not applicable*
Not Applicable	*Not applicable*

	S	T
1		
2	**METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**
3		
4	*Not Applicable*	*Not Applicable*
5	*Not Applicable*	*Not Applicable*
6		
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U	V
ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONN AIRE	**EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS**
Not Applicable	*No information*
Not Applicable	*No information*

	W	X
1		
2	**IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION**	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**
3		
4	https://www.youtube.com/watch?v=9Pqog7-Z-iE	
5	https://www.youtube.com/watch?v=5c9OaQopE_A	
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	Y	Z
1		
2	**IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS**	**COMMENTS (OPTIONAL)**
3		
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	A	B
1	**COUNTRY CHAPTER:**	
2	**ONE HEALTH TRAINING CATEGORY**	**TRAINING TITLE**
3	**FIELD EXPERIENCES**	

	C	D	E
1	**COUNTRY MANAGER:**		
2	**COMPETENCY-BASED CATEGORY**	**NAME OF FACULTY INSTRUCTOR OR SPONSOR**	**TRAINING CODE/NUMBER IN CATALOGUE**
3			

FIELD EXPERIENCES

QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)	NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)	METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)

	I	J	K	L
1				
2	**NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR**	**EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES**	**TARGET AUDIENCE**	**PRE-REQUISITES**
3				

FIELD EXPERIENCES

M	N
CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)	**NUMBER OF TRAINEES ENROLLED**

O	P	Q
FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)	**CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE**	**METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES**

	R	S	T
1			
2	**TRAINEE PASS RATE (%)**	**METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**
3			

U	V
ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONNAIRE	**EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS**

	W	X
1		
2	**IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION**	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**
3		

Y	Z
IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS	**COMMENTS (OPTIONAL)**

	A	B
4	*Illustrative Example*	*Rx One Health:* *Course Learning Objectives:* *1. Explain principles that influence One Health, such as disease transmission, epidemiology, biological complexity, biosecurity, food safety and ecosystem dynamics* *2. Identify cultural and socioeconomic determinants of health* *3. Describe the benefits and challenges of One Health approaches to respond to complex health problems* *4. Discuss One Health problems from a transdisciplinary perspective* *5. Develop means of implementation of One Health approaches* *6. Evaluate methods of One Health research and community engagement* *7. Identify social, ecological, and economic impacts of a One Health approach* *8. Communicate One Health principles and approaches effectively to a broad range of stakeholders*
5	**1**	
6	**2**	
7	**3**	
8	**4**	
9	**4**	
10	**5**	
11	**6**	

	C	D	E
4	*Research*	*Dr. Jennifer Lane (Coordinator) RxOH is led by a group of faculty from UC Davis, Ifakara Health Institute, Sokoine University of Agriculture, and other institutions from across Tanzania. Faculty leadership rotates during the four weeks of the course depending on topic or location, but there is always several faculty with the group.*	*Not Applicable*
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	F	G	H
4	*Not Applicable*	*Getting credit for this field course will depend on the graduate program and university in which trainee is enrolled, and will be trainee's responsibility to pursue.*	*In-person*
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	I	J	K	L
4	*4 weeks total*	*Immersive residential engagement for entire three days.*	*Postgraduate (Graduate) and Professional (in-service) levels.*	*Undergraduate degree*
5				
6				
7				
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9				
10				
11				

	M	N
	Intermediate to Advanced	*Approximately 25 participants*
4		
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11		

	O	P	Q
4	*Once a year*	*Yes (https://rxonehealth.vetmed.ucdavis.edu/about/curriculum/sample-itinerary)*	*Surveys and Testimonials*
5			
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	R	S	T
4	*100%*	*Questionnaire*	*Questionnaire*
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	U	V
4	*Testimonials and blogs*	*Course fees ($5,200) pay for instructional costs and learning supplies, inclusive of transportation and logistics during the course (not to and from), insurance, and permits. Scholarships may be available through AFROHUN and SEAOHUN secretariats.*
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	W	X
	Open to early career professionals (https://rxonehealth.vetmed.ucdavis.edu/about/eligibility)	*No information*
4		
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	Y	Z
	Not in formal university catalogue: https://rxonehealth.vetmed.ucdavis.edu/about	https://rxonehealth.vetmed.ucdavis.edu
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11		

A	B	C
COUNTRY CHAPTER:		**COUNTRY MANAGER:**
ONE HEALTH TRAINING CATEGORY	**TRAINING TITLE**	**COMPETENCY-BASED CATEGORY**
WORKSHOPS		

	D	E	F
1			
2	**NAME OF FACULTY INSTRUCTOR OR SPONSOR**	**TRAINING CODE/NUMBER IN CATALOGUE**	**QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)**
3			

WORKSHOPS

	G	H	I
1			
2	**NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)**	**METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)**	**NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR**
3			

EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES	TARGET AUDIENCE	PRE-REQUISITES

CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)	NUMBER OF TRAINEES ENROLLED

WORKSHOPS

O	P	Q
FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)	**CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE**	**METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES**

WORKSHOPS

	R	S	T
1			
2	**TRAINEE PASS RATE (%)**	**METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**
3			

WORKSHOPS

U	V
ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONNAIRE	**EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS**

W	X
IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**

Y	Z
IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS	**COMMENTS (OPTIONAL)**

	A	B	C
4	*Illustrative Example*	*One Health Integration: WHO IHR – OIE PVS National Bridging Workshops: Specific objectives of the workshop:* *1. Brainstorming: Discuss the outcomes of IHR and PVS Pathway country assessments and identify ways to use the outputs;* *2. Advancing One Health: Improve dialogue, coordination and collaboration between animal and human health sectors to strategically plan areas for joint action and synergistic approach;* *3. Building Sustainable Networks: Contribute to strengthen the inter-sectoral collaboration through improved understanding of respective roles and mandates;* *4. Strategic planning: Inform planning and investments (including the WHO National Action Plan for health Security) based on a structured and agreed identification of needs and options for improvement.*	*Collaboration and Partnerships*
5	**1**		
6	**2**		
7	**3**		
8	**4**		
9	**5**		
10	**6**		

	D	E	F
4	*Dr Stephane de la ROCQUE* ▮▮▮▮▮▮▮▮ *and Dr François CAYA (f.caya@oie.int)*	*IHR-PVS National Bridging Workshop*	*3 days*
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	G	H	I
4	*Not Applicable*	*In-person (The workshop is very interactive with the whole process being built around group exercises and discussions. The workshop is divided into seven sessions and follows a step-by-step approach where the results of each session feed into the next session)*	*3 days total*
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	J	K	L
4	*Immersive residential engagement for entire three days.*	*An ideal distribution of participants would be:* *• 30 representatives for animal health (1/3 national, 1/3 regional, 1/3 local)* *• 30 representatives for human health (1/3 national, 1/3 regional, 1/3 local)* *• 10 representatives*	*Professional experience in related discipline*
5			
6			
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10			

	M	N
4	*Advanced*	*A strict minimum of 50 participants is needed, although 60 or more is recommended.*
5		
6		
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10		

	O	P	Q
4	*One workshop per year: https://www.oie.int/solidarity/ options-for-targeted- support/one-health- integration/*	*Yes (https://drive.google.com/file/d/ 1NCXdMnsfNgx91aMEEasIdF KLy49QLUK4/view)*	*Participant survey.*
5			
6			
7			
8			
9			
10			

	R	S	T
4	*100%*	*Participant survey.*	*Survey of participants on satisfaction level. In 2017, average participant satisfaction level = 99.3%*
5			
6			
7			
8			
9			
10			

	U	V
	No information	*No information*
4		
5		
6		
7		
8		
9		
10		

	W	X
4	*https://drive.google.com/file/d/1NCXdMnsfNgx91aMEEasIdFKLy49QLUK4/view*	*No information*
5		
6		
7		
8		
9		
10		

	Y	Z
4	*https://drive.google.com/file/d/1NCXdMnsfNgx9 1aMEEasIdFKLy49QLUK4/view*	*The IHR-PVS NBW is a three-day workshop which brings together 60 to 90 stakeholders from the animal health and the human health services of the country to improve their collaboration at the human-animal interface. Representatives of other relevant sectors (environment, wildlife, media, police etc.) often participate.*
5		
6		
7		
8		
9		
10		

WORKSHOPS

A	B
ONE HEALTH TRAINING CATEGORY	**TRAINING TITLE**
SEMINARS	
Illustrative Example	*One Health Academy Webinars*
Illustrative Example	*One Health Seminar*
1	
2	
3	

SEMINARS

C	D
COUNTRY MANAGER:	
COMPETENCY-BASED CATEGORY	**NAME OF FACULTY INSTRUCTOR OR SPONSOR**
Systems Thinking; Management; Communication; Leadership	*Various Speakers. For example, see: Dr. Lori Miller on African Swine Fever: One Health Perspective (http://www.onehealthacademy.org) and http://www.onehealthacademy.org/2019-talks.html*
Systems Thinking; Communication; Research	*Various Speakers. For example, see: https://media.uaf.edu/channel/One+Health+Seminar/78248742*

SEMINARS

TRAINING CODE/NUMBER IN CATALOGUE	QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)	NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)
Not Applicable	Monthly	No Information
Not Applicable	Weekly	No Information

SEMINARS

METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)	NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR	EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES
In-person	1 hour	0
In-person	1 hour	0

SEMINARS

TARGET AUDIENCE	PRE-REQUISITES	CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)
Professional practitioners, trainees.	*None*	*Intermediate to Advanced*
Postgraduate (Graduate) trainees and professional trainees	*None*	*Intermediate to Advanced*

	ENROLLMENT SIZE	FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)	CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE
1			
2			
3			
4	*Approximately 50 participants*	*Monthly*	*Not Applicable*
5	*Approximately 100 participants*	*Weekly*	*Not Applicable*
6			
7			
8			

	METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES	TRAINEE PASS RATE (%)
	Not Applicable	*Not applicable*
	No information	*No information*

SEMINARS

	S	T
1		
2	**METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**
3		
4	*No Information*	*No Information*
5	*No Information*	*No Information*
6		
7		
8		

ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONNAIRE	EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS
List serve	Yes, One Health Commision: https://www.onehealthcommission.org
Yes	No information

	W	X
1		
2	**IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION**	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**
3		
4	*http://www.onehealthacademy.org*	
5	*https://media.uaf.edu/channel/One+Health+Seminar/78248742*	
6		
7		
8		

	Y	Z
1		
2	**IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS**	**COMMENTS (OPTIONAL)**
3		
4		*http://www.onehealth academy.org*
5		
6		
7		
8		

	A	B
9	**4**	
10	**5**	
11	**6**	

A	B
COUNTRY CHAPTER:	
ONE HEALTH TRAINING CATEGORY	**TRAINING TITLE**
COMMUNITIES OF PRACTICE	

	C	D
1	**COUNTRY MANAGER:**	
2	**COMPETENCY-BASED CATEGORY**	**NAME OF FACULTY INSTRUCTOR OR SPONSOR**
3		

E	F	G
TRAINING CODE/NUMBER IN CATALOGUE	**QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)**	**NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)**

	H	I	J
1			
2	**METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)**	**NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR**	**EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES**
3			

	K	L	M
1			
2	**TARGET AUDIENCE**	**PRE-REQUISITES**	**CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)**
3			

COMMUNITIES OF PRACTICE

	N	O	P
1			
2	**ENROLLMENT SIZE**	**FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)**	**CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE**
3			

Q	R
METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES	**TRAINEE PASS RATE (%)**

S	T
METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**

	U	V
1		
2	**ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONN AIRE**	**EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS**
3		

W	X
1	
IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**

	Y	Z
1		
2	**IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS**	**COMMENTS (OPTIONAL)**
3		

	A	B
4	*Illustrative Example*	*ECHO: Novel Coronavirus (COVID-19) US-Mexico Binational;* *Binacional ECHO EE. UU.-México sobre el Nuevo Coronavirus (COVID-19)*
5	**1**	
6	**2**	
7	**3**	
8	**4**	
9	**5**	
10	**6**	

	C	D
4	*Communication; Research; Systems Thinking; Policy and Advocacy; Management; Leadership*	*Introduction [ECHO Institute - Bruce Struminger, MD, MA]* *COVID-19 global epidemiology [CDC - Ron Moolenaar, MD, MPH]* *COVID-19 laboratory diagnostics [CDC - Chris Scheel, PhD]* *COVID-19 Infection Control and Prevention [IPC] CDC Perspective [CDC - Fernanda Lessa, MD, MPH]* *MX MOH Perspective [CENAPRECE - José Antonio Sulca Vera, MD]* *COVID-19 Clinical manifestations and management [CDC - Tim Uyeki, MD]* *COVID-19 Mexican Clinical Algorithm and INER's Experience [INER - José Arturo Martínez Orozco, MD]*
5		
6		
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	E	F	G
4	*Tuesday, February 18, 2020*	*Periodical, as needed*	*1.5 hours continuing education (e.g. Continuing Medical Education)*
5			
6			
7			
8			
9			
10			

	H	I	J
4	*Fully online - zoom*	*2 hours*	*None*
5			
6			
7			
8			
9			
10			

	K	L	M
	Professional practitioners, trainees, frontline workers	*None specified*	*Intermediate to Advanced*
4			
5			
6			
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9			
10			

	N	O	P
	Approximately 400 participants	*Periodical, as needed*	*Agenda published before the ECHO session*
4			
5			
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10			

COMMUNITIES OF PRACTICE

	Q	R
	Online questionnaire	*Not applicable*
4		
5		
6		
7		
8		
9		
10		

	S	T
	Online questionnaire	*Online questionnaire*
4		
5		
6		
7		
8		
9		
10		

	U	V
	No information	*No information*
4		
5		
6		
7		
8		
9		
10		

	W	X
	Yes	*Yes, continuing education units*
4		
5		
6		
7		
8		
9		
10		

	Y	Z
	Not applicable	*https://echo.unm.edu*
4		
5		
6		
7		
8		
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A
ONE HEALTH TRAINING CATEGORY
IN-SERVICE TRAINING

	B	C
1		**COUNTRY MANAGER:**
2	**TRAINING TITLE**	**COMPETENCY-BASED CATEGORY**
3		

D	E
NAME OF FACULTY INSTRUCTOR OR SPONSOR	**TRAINING CODE/NUMBER IN CATALOGUE**

F	G	H
QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)	**NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)**	**METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)**

IN-SERVICE TRAINING

	I	J	K
1			
2	**NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR**	**EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES**	**TARGET AUDIENCE**
3			

	L	M	N
1			
2	PRE-REQUISITES	CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)	ENROLLMENT SIZE
3			

FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)	CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE	METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES

R	S
TRAINEE PASS RATE (%)	**METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**

T	U
METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)	**ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONNAIRE**

V	W
EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS	**IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION**

	X	Y	Z
1			
2	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**	**IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS**	**COMMENTS (OPTIONAL)**
3			

A
Illustrative Example
1
2
3
4
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6

	B	C
4	*"Health workers' education and training on antimicrobial resistance."* *This video is a recording of the recent launch of the WHO curricula guide on health workers' education and training on antimicrobial resistance. This publication is the culmination of wide ranging efforts and collaboration between WHO and Public Health England (PHE), with the support of leading global experts. This document covers a global gap and builds further on the AMR competency framework by laying out learning objectives and outcomes as they pertain to the main health worker groups involved in the stewardship of antimicrobials.* *The development of this product is in line with the first objective of the Global action Plan on antimicrobial Resistance, to improve awareness and understanding of antimicrobial resistance through effective communication, education and training. It is hoped that educators, faculties of heath personnel training institutions, health regulatory institutions and other users will find it a useful resource in meeting their respective needs for strengthening health workers' contributions to containing AMR.*	*Communication; Collaborations and Partnerships; Systems Thinking*
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	D	E
4	*Global Health Workforce Network GHWN*	*https://www.youtube.com/watch?v=Jpl0YbaklXQ*
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10		

	F	G	H
	Permanent online (Youtube)	*Not Applicable*	*Online*
4			
5			
6			
7			
8			
9			
10			

	I	J	K
4	*1 hour*	*0*	*In-service Professionals*
5			
6			
7			
8			
9			
10			

IN-SERVICE TRAINING

	L	M	N
	None	*Intermediate to Advanced*	*Not Applicable*
4			
5			
6			
7			
8			
9			
10			

	O	P	Q
	Permanent Display	*Not Applicable*	*No Information*
4			
5			
6			
7			
8			
9			
10			

IN-SERVICE TRAINING

	R	S
	Not Applicable	*No information*
4		
5		
6		
7		
8		
9		
10		

	T	U
	No information	*Access count - No tracking*
4		
5		
6		
7		
8		
9		
10		

	V	W
	Yes - World Health Organization	*Yes*
4		
5		
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10		

	X	Y	Z
4	*No information (probably)*	*Yes: https://www.who.int/workforcealliance/media/en/*	*https://www.who.int/workforcealliance/media/en/*
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	A	B
1	**COUNTRY CHAPTER:**	
2	**ONE HEALTH TRAINING CATEGORY**	**TRAINING TITLE**
3	**TRAINING MANUALS**	
4	*Illustrative Example*	*Antimicrobial Resistance Training Manual: https://issuu.com/ifmsa/docs/amr_training_manual*
5	**1**	
6	**2**	
7	**3**	
8	**4**	
9	**5**	
10	**6**	

C	D
COUNTRY MANAGER:	
COMPETENCY-BASED CATEGORY	NAME OF FACULTY INSTRUCTOR OR SPONSOR
Research, Management, Systems Thinking	*International Federation of Medical Students' Associations, Copenhagen, Denmark*

TRAINING MANUALS

	TRAINING CODE/NUMBER IN CATALOGUE	QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)	NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)
1			
2			
3			
4	Not Applicable	Not Applicable	Not Applicable
5			
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	METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)	NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR	EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES
	H	I	J
1			
2			
3			
4	Online	Not Applicable	0
5			
6			
7			
8			
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10			

	K	L	M
1			
2	**TARGET AUDIENCE**	**PRE-REQUISITES**	**CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)**
3			
4	*Medical Students*	*None*	*Introductory*
5			
6			
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	N	O	P
1			
2	**ENROLLMENT SIZE**	**FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)**	**CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE**
3			
4	*Not Applicable*	*Open access*	*Yes*
5			
6			
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Q	R
METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES	**TRAINEE PASS RATE (%)**
Not Applicable	*Not Applicable*

S	T
METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**
No information	*No information*

U	V
ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONN AIRE	**EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS**
	
No information (download count)	*No information*

	W	X
1		
2	**IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION**	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**
3		
4	*No - matriculated students only*	*No information*
5		
6		
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10		

	Y	Z
1		
2	**IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS**	**COMMENTS (OPTIONAL)**
3		
4	*Yes: https://issuu.com/ifmsa*	*https://issuu.com/ifmsa*
5		
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	A	B
1	**COUNTRY CHAPTER:**	
2	**ONE HEALTH TRAINING CATEGORY**	**TRAINING TITLE**
3	**MENTORED STUDENT ONE HEALTH CLUBS**	
4	*Illustrative Example*	*International Student One Health Alliance*
5	**1**	
6	**2**	
7	**3**	
8	**4**	
9	**5**	

	C	D
1		
2	**COMPETENCY-BASED CATEGORY**	**NAME OF FACULTY INSTRUCTOR OR SPONSOR**
3		
4	*Systems Thinking*	*President (2019-2020): Walekhwa Abel Wilson, Uganda*
5		
6		
7		
8		
9		

STUDENT CLUBS

TRAINING CODE/NUMBER IN CATALOGUE	QUARTER, SEMESTER OR OTHER PERIOD (SPECIFY)	NUMBER OF CREDITS OR UNITS (BASED ON WEEKLY HOURS OF TRAINEE ENGAGEMENT)
Not Applicable	Year-round	Not Applicable

STUDENT CLUBS

	METHOD OF DELIVERY OF TRAINING (IN-PERSON, ONLINE, OR HYBRID)	NUMBER OF CONTACT TIME PERIOD BETWEEN TRAINEE AND INSTRUCTOR	EXPECTED NUMBER OF HOURS OF HOMEWORK, INDEPENDENT OR GROUP STUDY OUTSIDE REGULAR MEETING TIMES
	H	I	J
1			
2			
3			
4	In-person and Online Community	Variable	Variable
5			
6			
7			
8			
9			

TARGET AUDIENCE	PRE-REQUISITES	CONTENT LEVEL OF KNOWLEDGE (INTRODUCTORY, INTERMEDIATE, OR ADVANCED)
Pre-service undergraduate and postgraduate students	*None*	*Introductory*

ENROLLMENT SIZE	FREQUENCY (NUMBER OF TIMES OFFERED PER YEAR)	CURRENT SYLLABUS AVAILABLE (YES OR NO). IF YES, UPLOAD FILE
Variable	*Year-round*	*Not Applicable*

METHOD(S) FOR EVALUATING TRAINEE LEARNING OUTCOMES	TRAINEE PASS RATE (%)
Variable	*Not Applicable*

	S	T
1		
2	**METHOD(S) USED FOR EVALUATING PERFORMANCE OF INSTRUCTOR (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**	**METHOD(S) USED FOR EVALUATING QUALITY OF TRAINING PROGRAM (IF YES, UPLOAD SURVEY QUESTIONNAIRE)**
3		
4	*Variable*	*Variable*
5		
6		
7		
8		
9		

ALUMNI ARE TRACKED (YES OR NO)* IF YES, UPLOAD SURVEY QUESTIONNAIRE	EXTRAMURAL FUNDING TO SUPPORT THE TRAINING PROGRAM (YES OR NO). IF YES, NAME SOURCE OF FUNDS
No Information	*Yes: One Health Commission*

STUDENT CLUBS

	W	X
1		
2	**IS ENROLLMENT OPEN TO NON-MATRICULATED TRAINEE? IF SO, PROVIDE WEB-LINK TO ENROLLMENT INFORMATION**	**IS TRAINING ACTIVITY APPROVED FOR CONTINUING PROFESSIONAL DEVELOPMENT CREDIT ? IF YES, PROVIDE WEB-LINK TO INFORMATION**
3		
4	*No - Matriculated Students Only*	*No Information / Variable*
5		
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8		
9		

Y	Z
IS THE TRAINING ACTIVITY DOCUMENTED IN AN INSTITUTION'S CATALOGUE (YES OR NO). IF YES, PROVIDE WEB-LINK ADDRESS	**COMMENTS (OPTIONAL)**
Yes	*https://www.onehealthcommission.org/en/leadership__board_of_directors/students_for_one_health_soh_news/*

STUDENT CLUBS

	A	B
10	**6**	